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SECRETARY OF THE SENATE

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FEC FORM 1		ORGANIZ	ATION		PM 12: 53 Office Use Only	
NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example:If typing, type over the lines.	12FĚ4M5		
DSCC						
		400 14 1				
ADDRESS (number a	nd street)	120 Maryland	Avenue INE			
(Check if ac is changed)		Washington		DG 2	20002	
			CITY	STATE	ZIP CODE	
COMMITTEE'S E-MA (Check if is change	address	SS (Please provide only one COMPLIANCE	•		<u> </u>	
is changed)						
COMMITTEE'S WEB (Check if is changed	address	PRESS (URL) WWW.dSCC.OF	g , , , , , , , , , , , , , , , , , , ,			
2. DATE 10	<u>"</u> ' <u>19</u>	2015				
3. FEC IDENTIFICATION NUMBER C00042366						
4. IS THIS STATEM	MENT	NEW (N) OR	AMENDED (A)			
I certify that I have e	xamined th	is Statement and to the bes	st of my knowledge and belief	it is true, correct ar	nd complete.	
Type or Print Name of	of Treasurer	Deanna Nes	burg			
Signature of Treasure	эг <u></u>	M MZ.		Date 10°	19" 2015	
NOTE: Submission of t			n may subject the person signing	-	e penalties of 2 U.S.C. §437g.	
Office Use Only			For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)	

STATEMENT OF